

2.4 Deputy K.C. Lewis of St. Saviour of the Minister for Health and Social Services regarding the withdrawal of the peritoneal dialysis service:

Would the Minister inform Members whether the peritoneal dialysis service is to be withdrawn and if so what steps, if any, will the Minister be taking to address the concerns about failing staff levels and morale of the entire Renal Dialysis Unit?

Deputy J.A. Martin (Assistant Minister for Health and Social Services - rapporteur):

I can confirm that there is no intention to withdraw the peritoneal dialysis service and I can confirm that all the existing patients have been contacted and reassured of this. At this present time, though, the Renal Service is unable to offer peritoneal dialysis to new patients due to staff shortage and the speciality of this treatment.

2.4.1 Deputy K.C. Lewis:

I have had many phone calls; people very, very emotional, not just patients but also the medical staff at the hospital. As one member of staff leaves it puts immense pressure on those that remain. Will the Assistant Minister undertake to recruit suitable staff as soon as possible?

Deputy J.A. Martin:

Yes, we also at the hospital have had some very concerned patients when this question went in. The Minister and myself met with the renal consultant and the head nurse and all the staff on the ward late on Friday afternoon. We have committed to get as much support into this department as we can. We are very sorry that this message has got out and the wrong message has got out to the people and the patients that they care very much for.

2.4.2 Deputy K.C. Lewis:

I would not say it is the wrong message. I have been informed that people whose kidneys are failing will be coming on to peritoneal dialysis which will no longer be available to new patients. Unless one is lucky enough to receive a kidney transplant, dialysis is not a temporary problem. Will the Assistant Minister undertake to locate and recruit suitably qualified staff as a matter of urgency?

Deputy J.A. Martin:

There is a shortage of this specialism across the U.K. (United Kingdom), which I was informed of by the consultant himself on Friday afternoon. Peritoneal treatment is self-medication and you have to be taught. We dialyse 50 patients at the hospital and an extra 6 or 7 who have the peritoneal. It is a great treatment for people who have the confidence but there must be the backup at the hospital and that is why, at the moment, we cannot put new patients on peritoneal. There is no question that anybody needing dialysis urgently or ongoing will not be offered the dialysis they need at the hospital to sustain them until we can get a kidney transplant or whatever they will need.

2.4.3 Deputy J.B. Fox of St. Helier:

I was involved in the very early days with kidney dialysis with a fellow policeman who required it and also the backup services, and we have moved on a tremendous amount. This is very disturbing for a number of reasons. What I would like to ask the Assistant Minister is how temporary is this setback, and can she give us a definite indication of dates - whether it is weeks or months away - as this not only affects the

individual themselves, it also affects their work and the services that are provided to this Island. It is a vital service and, therefore, it is an important one that needs answering at this moment in time.

Deputy J.A. Martin:

I totally agree and on speaking with the consultant, he is absolutely determined to get the service up and running as we are at the hospital with the staff as soon as possible, and I hope it is a matter of weeks and nowhere near months that we will be able to do this. I say it needs the confidence of the patient with the backup at the hospital and it sounds very easy but it is something that is self-medicating 24/7. They have to change bags every 6 hours and some people are not confident to do it, especially without the right backup at the hospital.

2.4.4 Deputy G.P. Southern:

Could the Assistant Minister indicate what measures, in particular with dealing with the high price of accommodation in Jersey, are in place to ensure good recruitment and retention of nurses with the required skill for this Island to deliver a first class service?

Deputy J.A. Martin:

Obviously Jersey about 10 years ago with the scale rates of pay and everything else used to be an attractive place to come. With all the ups and the shenanigans in the N.H.S. (National Health Service) and the things that nurses are offered, we are no longer attractive. We are looking at health. The other Assistant Minister is looking at ways to purchase some new accommodation for staff that come over, but this is going to be a long process - as the Minister for Housing says, it is not cheap to live in Jersey - and nurses are even harder to recruit because of this reason.

The Deputy Bailiff:

Can I remind Members the questions are about dialysis and not general questions about nursing staff.

2.4.5 Deputy G.P. Southern:

But having got in on this one I will pursue it. Will the Assistant Minister agree to circulate to Members what proposals are in place to assist incoming nurses with their housing need?

Deputy J.A. Martin:

Yes, it is either now finished or it is definitely being worked on and as soon as we have the paper and what we are proposing to do for all specialisms in the nursing sector I will get it circulated to all Members.

2.4.6 Deputy D.J. De Sousa:

Speaking to the Assistant Minister earlier, I believe that the problem here is an issue with trained staff to train patients to self-medicate. What measures, therefore, is the department taking to engage the necessary professionals to ensure that this vital service is reinstated as soon as possible?

Deputy J.A. Martin:

As I said in an answer to Deputy Fox, we know of one nurse who is on a different ward at the moment who could possibly transfer as soon as we have a vacancy. At the

moment we have a vacancy but staff are still in the job. So, as I said, hopefully it will be a matter of weeks and the peritoneal service will be up and running again.

2.4.7 Deputy J.M. Maçon of St. Saviour:

May I begin by wishing a good morning to year 5 at Plat Douet School who I believe are listening in to the States on the radio today. **[Approbation]** For absolute clarity can the Assistant Minister just clarify that those who are receiving this service will continue to receive the service?

Deputy J.A. Martin:

Yes and I am very sorry for some. There has been a website and everything started from Friday; a report on BBC Radio Jersey. Everybody who is receiving peritoneal dialysis is continued. They have all been contacted now over the weekend by the hospital and I am very sorry that this message was allowed to go out as it did.

2.4.8 Deputy M. Tadier:

The questions so far talk about the morale of staff and staffing levels at the hospital, but will the Assistant Minister acknowledge that this type of dialysis is a lifeline to patients quite literally and it gives them a certain level of independence and dignity to be treated in their own homes? Will she also acknowledge that if this is withdrawn it will ironically put a strain on resources and space at the hospital if patients are having to go to the hospital perhaps several times a day to be treated?

Deputy J.A. Martin:

Yes, as I said, I totally agree. Many, many patients do not want to do the peritoneal. As I say, it needs training and it is self-medication. We dialyse 50 patients a week in the hospital and 6 or 7 choose this. As the Deputy says, it offers them a great amount of freedom and in my very, very first statement I made it quite clear this is not going to be withdrawn. Even if you want to look at, as you say, saving space at the hospital, it is £14,000 a year to use the peritoneal dialysis and £26,000 a year for a patient to use the hospital. It makes no sense. If a patient wants to use the peritoneal dialysis we must try every way we can to assist with this. It is better for everybody.

[10:30]

2.4.9 Deputy T.A. Vallois of St. Saviour:

Could the Assistant Minister advise whether the Minister for Health and Social Services was made aware of the situation in the renal unit with regards to staff before this question was tabled?

Deputy J.A. Martin:

Well, we knew that there were problems coming down the line and we know that we have to extend the Renal Unit because we dialyse more and more patients; the criteria changes, which is right. Ten, 15 years ago you would not dialyse people over a certain age or with other medical conditions. Things have moved on and that is great. We need to do more people. We could not go and see the consultant before 4.00 p.m. on Friday and we received the question because he was in surgery and then we were made aware of the full extent of the peritoneal. Also we were told that the consultant had spoken to the Deputy who had put the question in and he had explained to him exactly what was happening. Unfortunately, the message that went out to the public got mixed-up.

2.4.10 Deputy K.C. Lewis:

Just to clarify, it is the future withdrawal of the peritoneal service to future patients and patients that are coming online now that I was concerned with which prompted several calls from very worried constituents. The haemodialysis takes 3 to 4 hours in hospital. That is the traditional dialysis that we are aware of. The peritoneal, as has been explained, can be done at home and during the night. Loss of the Peritoneal Service to the new patients will equal loss of independence and possibly loss of a job. Will the Assistant Minister, as I have said before, undertake that if a management can be parachuted in from the U.K. at short notice then surely highly qualified medical staff can also; does the Minister not agree?

The Deputy Bailiff:

Are you going to parachute staff in from the U.K.; that is the question?

Deputy J.A. Martin:

No, and just to be clear, and the Deputy said this on radio, peritoneal dialysis is not done overnight; it is 24/7. It needs high competence of the patient to do it themselves. They change the bag every 6 hours, every day of their life. So, it is something they need to be reassured that we have backup staff at the hospital and, as I say, hopefully it will be weeks and the people in between time will be receiving haemodialysis and then when it is available they can, if they wish, transfer to peritoneal dialysis.